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SERIAL NUMBER 09/909,860	FILING DATE 07/23/2001 RULE	CLASS 358	GROUP ART UNIT 2622	ATTORNEY DOCKET NO. 016887/1045						
APPLICANTS Shunsuke Katahira, Tokyo-To, JAPAN;										
** CONTINUING DATA ***** <i>SE</i>										
** FOREIGN APPLICATIONS ***** <i>SE</i>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/31/2001										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border: 1px solid black; padding: 5px;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div> <u>SE</u> Examiner's Signature </div> <div> <u>SE</u> Initials </div> </div> </td> <td style="width: 15%; border: 1px solid black; padding: 5px; text-align: center;"> STATE OR COUNTRY JAPAN </td> <td style="width: 15%; border: 1px solid black; padding: 5px; text-align: center;"> SHEETS DRAWING 4 </td> <td style="width: 15%; border: 1px solid black; padding: 5px; text-align: center;"> TOTAL CLAIMS 18 </td> <td style="width: 10%; border: 1px solid black; padding: 5px; text-align: center;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div> <u>SE</u> Examiner's Signature </div> <div> <u>SE</u> Initials </div> </div>	STATE OR COUNTRY JAPAN	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3	
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ADDRESS Johnny A. Kumar FOLEY & LARDNER Washington Harbour 3000 K Street, N.W., Suite 500 Washington ,DC 20007-5109										
TITLE Image forming device										
FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.16 Fees (Filing) </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.18 Fees (Issue) </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Other _____ </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Credit </td> </tr> </table>			<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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